Authorization For Disclosure of Information

Release Authorization. I hereby authorize the U.S. Navy, through its agents including my Casualty Assistance Calls Officer, to release the personal information listed below to any individual(s) or organization(s), to include Members of Congress, making an offer of support and condolences in the form of letters, gifts, grants and financial relief. I understand this authorization may be revoked at any time, if requested in writing by me, except to the extent that action has already been taken. If authorizing the release of personal information concerning a minor, I assert I am the named minor's parent or legal guardian.

Personal Information to be released: (attach continuation sheets as necessary)

Name	Relationship	Age (if minor)
Address		
Telephone Numb	per	
Please initial one	e of the below options:	
individuals or org		ersonal information listed above to s of Congress who may contact the fied.
I do	not consent to the disclosure	of my personal information.
purpose of provious death. ANY DISC	ding private victim relief and co CLOSURE OF PERSONAL INI	nal information may only be used for the indolence as a result of a servicemember FORMATION BY THE RECIPIENT(S) IS HE PURPOSES OF THIS DISCLOSURE
Signature of Per	son/Parent/Guardian Dat	

Privacy Notice

AUTHORITY: 10 USC 3013

PRINCIPLE PURPOSE: To obtain personal information from family members of

deceased servicemembers.

ROUTINE USES: To provide information to third parties offering private victim relief and condolences as a result of a servicemember death.

DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, the U.S. Navy will not provide personal information to third parties conducting private relief or offering condolences as a result of a servicemember death.